

 <div style="text-align: center;"> DIVISION OF ADULT INSTITUTIONS POLICY AND PROCEDURES </div>	DAI Policy #: 500.00.10	Page 1 of 6
	Original Effective Date: 01/25/21	New Effective Date: 01/25/21
	Supersedes: N/A	Dated: N/A
	Administrator's Approval: Makda Fessahaye, Administrator	
	Required Posting or Restricted: <input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted	
Chapter: 500 Health Services		
Subject: Long Term Care Unit		

POLICY

Division of Adult Institutions shall provide specialized housing and long term medical care, which may include palliative care and end of life care, for patients who require more extensive care than what can be provided in general population.

REFERENCES

DAI 500.30.06 – Transfer of Patient

DAI 500.30.02 – Consultation with Offsite Providers or Health Care Providers by Offsite Providers or Onsite Contract or LTE Providers

DAI 500.80.03 – Medication Reconciliation/continuation of Med

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2018, P-F-02 Infirmary Care

Wisconsin Statutes s. 302.85 – Medical Care of Prisoners

DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – A licensed individual, such as a Nurse Practitioner or Physician, who is authorized to write prescriptions.

ADA – Americans with Disabilities Act

Advance Directive – A legal document that includes instructions regarding a person's wishes, goals, and values if they become unable to make medical decisions.

Activities of Daily Living (ADL's) – Routine tasks with which individuals may require assistance. These activities may include personal care, ambulation and housekeeping.

Care Conferences- The meeting of Multi-Disciplinary Team members involved in the active care and treatment of a patient to evaluate their plan of care (IPOC).

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-2077 – Health Transfer Summary

DOC-3619 – Transfer of Care Referral and Report

DAI Policy #: 500.00.10	New Effective Date: 01/25/21	Page 2 of 6
Chapter: 500 Health Services		
Subject: Long Term Care Unit		

End of Life Care (ELC) – Patient and family centered care that optimizes quality of life by anticipating, preventing and treating suffering. The illness continuum of end of life care addresses physical, intellectual, emotional, social and spiritual needs while facilitating patient autonomy, information access and choice.

HSM – Health Services Manager

HSU – Health Services Unit

Interdisciplinary Plan of Care (IPOC) – Plan developed for each patient that details the care to be provided. This plan is based on the understanding, agreement, and involvement of patient and subject to regular review and adjustment.

Long Term Care Unit (LTCU) – A designated unit used to accommodate Patients who require assistance in activities of daily living or end of life care.

MDT – Multi-Disciplinary Team

Palliative Care Program (PCP) – Patient care that optimizes quality of life by anticipating, preventing and treating suffering. The program addresses physical, intellectual, emotional, social and spiritual needs while facilitating patient autonomy, information access and choice.

PCP – Palliative Care program

PROCEDURE

I. General Guidelines

- A. The LTCU shall meet the needs of its patients and their required care.
- B. An RN shall be on site twenty-four hours every day.
- C. Patients are always within sight or hearing of facility staff. Patients may leave the LTCU for other facility activities based on care plan.
- D. The patient's care summary is addressed by an MDT.
 1. Health care delivery shall be completed in a manner which is consistent with professional practice guidelines, DAI policies and procedures.
 2. The most current edition of Lippincott's Manual of Nursing Practice in addition to up-to-date evidence based practice shall be utilized as a clinical reference for nursing staff.
- E. LTCU Care Conferences may include but are not limited to:
 1. Health Services Manager.
 2. Corrections Unit Supervisor/ Program Supervisor.
 3. Advance Care Provider.
 4. Social Worker.
 5. Psychologist Liaison.

DAI Policy #: 500.00.10	New Effective Date: 01/25/21	Page 3 of 6
Chapter: 500 Health Services		
Subject: Long Term Care Unit		

6. Security Supervisor Liaison.
7. HSU Security Staff.
8. Nursing Staff.
9. Chaplain.
10. ADA coordinator.
11. Physical Therapist/Occupational Therapist.

- F. Patients receive ACP and nursing assessments based on the patient's needs, condition, and severity of their illness.
- G. Patients are evaluated by the ACP upon admission and at least monthly thereafter.
- H. Health Care Record will be maintained.

II. Long Term Care Unit Referrals

Collaboration between the sending facility/unit and the LTCU Health Services Manager (HSM)/designee shall occur to provide continuity for patients.

- A. Referrals may be completed for patients who are in need of:
 1. Assistance with activities of daily living.
 2. Frequent assessment, intervention, and evaluation that the general population facility can reasonably and safely provide and who do not require hospitalization.
 3. End of life care and palliative care.
- B. Referring staff shall complete DOC-3619.
- C. Referring staff shall communicate patient health needs to the HSU Manager/designee, ensuring all information is recorded in the patient's health record.
- D. HSU Manager/designee at Long Term Care Site shall review all referrals to accept or deny.
- E. HSU Manager/designee shall maintain a record of all referrals.
- F. Upon approval from the HSU Manager/designee at the Long Term Care Site referring staff shall coordinate transfer of the patient in compliance with DAI 500.30.06.

III. Admission

- A. The HSU Manager/designee will be responsible for approving Patients for admission to the LTCU.
- B. Admission to and discharge from the LTCU requires an order from an ACP.

DAI Policy #: 500.00.10	New Effective Date: 01/25/21	Page 4 of 6
Chapter: 500 Health Services		
Subject: Long Term Care Unit		

- C. Admission will be decided on an individual basis and plan of care shall be developed for each patient.
- D. Upon return to the LTCU from an offsite care and hospital admissions follow DAI 500.30.02 and DAI 500.80.03.
 - 1. The referring facility shall contact the Health Services Manager/designee to review patient referral, potential long term care/palliative care needs, equipment needs, and urgency. The information provided shall include medical, surgical and psychiatric history.

IV. Staff Responsibilities

- A. HSU Manager/Designee shall:
 - 1. Communicate with the referring facility Health Services Manager/designee the decision to confirm acceptance or decline admission.
 - 2. Coordinate with the referring facility Health Services Manager/designee to plan an appropriate time frame for admission.
 - 3. Communicate accepted LTCU referrals as well as expected admission dates to the MDT.
 - 4. Maintain records of all admissions.
- B. Health Staff referring patient shall:
 - 1. Provide a nurse to nurse report to include recent assessment findings and vital signs.
 - 2. Facilitate communication between the sending facility medical staff and receiving medical staff at least 24 hours before the projected admission date.
 - 3. Prepare medications and medical equipment for the transfer.
- C. The LTCU Advanced Care Providers shall:
 - 1. Utilize the appropriate standard admission order set.
 - 2. Evaluate each patient upon arrival or the next working day if not on-site and complete:
 - a. Medication reconciliation.
 - b. Health record review.
 - c. Complete history and physical exam.
 - d. Review Medical Classification and revise if necessary.
 - e. Admission notes in the Electronic Medical Record.
- D. The LTCU Nurse Clinician shall:
 - 1. Complete the LTCU admission procedure when the patient arrives on the unit.
 - 2. Evaluate and assign new patient's rooms based on their needs.
 - 3. Review the health record and off-site schedule.
 - 4. Notify the on-site ACP or on-call physician with patient concerns as needed.

DAI Policy #: 500.00.10	New Effective Date: 01/25/21	Page 5 of 6
Chapter: 500 Health Services		
Subject: Long Term Care Unit		

5. Complete the appropriate section of DOC-3619-Transfer of Care Referral and Report from sending unit/facility and scan the completed document in the patient's health record.
6. Obtain admission orders from the on-site ACP, if unavailable; call the on-call physician.

V. Discharge

- A. The ACP in collaboration with the MDT will be responsible for recommending Patients for discharge.
- B. LTCU Health Services staff shall collaborate with receiving site health care staff prior to patient discharge and transfer of patient to ensure continuity of care at the receiving site.
- C. Patient discharge from the LTCU requires an order from an ACP.
- D. A discharge summary shall be completed by ACP.
- E. An RN shall complete an assessment and nurse to nurse report within 24 hour of discharge. Assessment and report shall be documented in the health record.
- F. The HSU Manager/designee maintain log of all discharges and deaths.
- G. Nursing staff will prepare medications and medical equipment for the transfer.

Bureau of Health Services: _____ **Date Signed:** _____
Michael Rivers, Director of Healthcare Administration

_____ **Date Signed:** _____
Vacant, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

_____ **Date Signed:** _____
Dr. Kevin Kallas, Mental Health Director

Administrator's Approval: _____ **Date Signed:** _____
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.00.10	Page 6 of 6
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Long Term Care Unit		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES**DEFINITIONS, ACRONYMS AND FORMS****FACILITY PROCEDURE**

I.

- A.
- B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
- C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other